

Type a plus sign (+) inside this box →

Approved for use through 9/30/98

PTO/SB/01 (4-96)

OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration OR
Submitted
with Initial Filing

☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number	P645 63088
First Named Inventor	Geoffrey M. Thiele
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL ACETALDEHYDE AND MALONDIALDEHYDE PROTEIN ADDUCTS
AS MARKERS FOR ALCOHOL LIVER DISEASE (as filed in the PCT)**

the specification of which

(Title of the invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

October 25, 1996

as United States Application Number or PCT International

Application Number

PCT/US96/17833

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

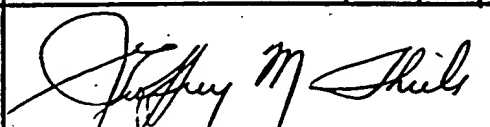
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/005,929	October 27, 1995	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20504.

Type a plus sign (+) inside this box → ☐

DECLARATION				Page 2	
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.					
<p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>					
Name		Registration Number		Name	
Donald H. Zarley		18,543		Mark D. Frederiksen	
Bruce W. McKee		19,651		Daniel J. Cosgrove	
Dennis L. Thomte		22,497		Heidi Sease Nebel	
Michael G. Voorhees		25,715		Michael R. Crabb	
Edmund J. Sease		24,741		Bruce A. Johnson	
Mark D. Hansing		30,643		Wendy K. Hartung	
Kirk M. Hartung		31,021			
<input type="checkbox"/> Additional registered practitioner(s) named on a supplemental sheet attached hereto.					
Direct all correspondence to:					
Name		Heidi Sease Nebel			
Address		Zarley, McKee, Thomte, Voorhees & Sease			
Address		801 Grand Avenue, Suite 3200			
City		Des Moines		State	Iowa
Country		US		Zip	50309-2721
Telephone		515-288-3667		Fax	515-288-1338
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Geoffrey	Middle Initial	M.	Family Name	Thiele
Suffix e.g. Jr.					
Inventor's Signature					Date
Residence: City		Omaha		State	NE
Country		US		Citizenship	US
Post Office Address		c/o Omaha V.A. Medical Center			
Post Office Address		4101 Woolworth Avenue			
Post Office Address		600 South 42nd Street			
City		Omaha		State	NE
Zip		68105		Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

Type a plus sign (+) inside this box → ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Thomas			Middle Initial	L.		Family Name	McDonald		Suffix	e.g. Jr.
Inventor's Signature	<i>Thomas McDonald</i>							Date	12/31/96		
Residence: City	Omaha			State	NE		Country	US		Citizenship	US
Post Office Address	c/o Omaha V.A. Medical Center										
Post Office Address	4101 Woolworth Avenue 600 South 42nd Street										
City	Omaha			State	NE		Zip	68105		Country	US
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Dean			Middle Initial	J.		Family Name	Tuma		Suffix	e.g. Jr.
Inventor's Signature	<i>Dean J Tuma</i>							Date	12/27/96		
Residence: City	Omaha			State	NE		Country	US		Citizenship	US
Post Office Address	c/o Omaha V.A. Medical Center										
Post Office Address	4101 Woolworth Avenue 600 South 42nd Street										
City	Omaha			State	NE		Zip	68105		Country	US
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Lynell			Middle Initial	W.		Family Name	Klassen		Suffix	e.g. Jr.
Inventor's Signature	<i>Lynell W Klassen</i>							Date	12-26-96		
Residence: City	Omaha			State	NE		Country	US		Citizenship	US
Post Office Address	c/o Omaha V.A. Medical Center										
Post Office Address	4101 Woolworth Avenue 600 South 42nd Street										
City	Omaha			State	NE		Zip	68105		Country	US
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Michael			Middle Initial	F.		Family Name	Sorrell		Suffix	e.g. Jr.
Inventor's Signature	<i>Michael F. Sorrell</i>							Date	12-22-96		
Residence: City	Omaha			State	NE		Country	US		Citizenship	US
Post Office Address	c/o Omaha V.A. Medical Center										
Post Office Address	4101 Woolworth Avenue 600 South 42nd Street										
City	Omaha			State	NE		Zip	68105		Country	US

☐ Additional inventors are being named on supplemental sheet(s) attached hereto